## PART B - FEE(S) TRANSMITTAL

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	•			Certificate of Mailing or Transmission  I hereby certify that this Fee(s) Transmittal is being deposited with the Unite States Postal Service with sufficient postage for first class mail in an envelop addressed to the Mail Stop ISSUB FEE address above, or being facsimil transmitted to the USPTO (571) 273-2885, on the date indicated below.								
10/	22/2008 SSANDAR1 0		10517077			<u> </u>			•		(Depositor's name)	
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T	APPLICATION NO.	APPLICATION NO. FILING DATE			FIRST NAMED INVEN	VTO	R ATTORNEY DOCKET NO.			CONFIRMATION NO.		
10/516,076 11/29/2004 Haruhisa Saitoh 046884_5344_210802 7690 TITLE OF INVENTION: FLUORESCENCE LIFETIME DISTRIBUTION IMAGE MEASURING SYSTEM AND ITS MEASURING METHOD												
L	APPLN. TYPB	SMALL ENTITY	ISSUB FBB I		PUBLICATION FEB I	aud	PREV. PAID ISSUE FEE	тот	TAL FEE(S) DUE		DATE DUE	
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Č	Change of corresponden FR 1.363).  Change of correspon Address form PTO/SB/  "Fee Address" indic PTO/SB/47; Rev 03-02 Number is required.	idence	2. For printing on the patent front page, list  (1) the names of up to 3 registered patent attorneys or agents OR, alternatively,  (2) the name of a single firm (having as a member a registered attorney or agent) and the names of up to 2 registered patent attorneys or agents. If no name is listed, no name will be printed.						•			
3. ASSIGNEE NAME AND RESIDENCE DATA TO BE PRINTED ON THE PATENT (print or type)  PLEASE NOTE: Unless an assignee is identified below, no assignee data will appear on the patent. If an assignee is identified below, the document has been filed for recordation as set forth in 37 CPR 3.11. Completion of this form is NOT a substitute for filing an assignment.  (A) NAME OF ASSIGNEE  (B) RESIDENCE: (CITY and STATE OR COUNTRY)  HAMAMATSU PHOTONICS K.K.  Hamamatsu-shi, Shizuoka, Japan  Please check the appropriate assignee category or categories (will not be printed on the patent):												
-	ease check the appropriat	te assignee category or	categories (Will	not be p	rmted on the patent):	_	Individual Q Corpora	tion or c	other private gro	up entit	y U Government	
4a. The following fee(s) are submitted:  XI Issue Fee (previously paid)  D Publication Fee (No small entity discount permitted)  Advance Order - # of Copies 3 (previously paid)  The Director is hereby authorized to charge the remired fee(s), any deficiency, or credit overpayment, to Deposit Account Number 50-05/3 (enclose an extra copy of this										,		
	Change in Entity Status  a. Applicant claims S	SMALL ENTITY statu	s. See 37 CFR 1.				ger claiming SMALL EN					
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	Authorized Signature	- $f$ $A$	1(x.						21, 2008			
	Typed or printed name	Peter J.	Sistare				Registration No.	48,	183			
su thi Bo	application. Confidentia bmitting the completed a is form and/or suggestion ox 1450, Alexandria, Virgi exandria, Virginia 22313	pplication form to the is for reducing this burginia 22313-1450. DO -1450.	U.S.C. 122 and U.S.PTO. Time vien, should be so NOT SEND FE ersons are required \$59NDAR1	of CPR vill vary ant to the ES OR (	depending upon the is Chief Information O	s esi indiv effice S T(	retain a benefit by the pub timated to take 12 minute vidual case. Any commen er, U.S. Patent and Trader O THIS ADDRESS. SEN formation unless it display	s to con ts on the nark Of D TO: (	nplete, including e amount of tin Nice, U.S. Depa Commissioner f	g gather ne you r ntment o or Paten	ing, preparing, and equire to complete of Commerce, P.O. ts, P.O. Box 1450,	
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